
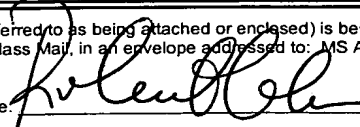


B

TKW 2653

| AMENDMENT TRANSMITTAL LETTER                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                   |                                   | Docket No.<br>SONYJP 3.3-702    |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|------|
| Application No.<br>09/674,106-Conf. #3130                                                                                                                                                                                                                                                                                             |                                           | Filing Date<br>December 26, 2000                                                                                  |                                   | Examiner<br>K. K. Chu           |      |
| Art Unit<br>2653                                                                                                                                                                                                                                                                                                                      |                                           |                                                                                                                   |                                   |                                 |      |
| Applicant(s): Takashi Kinouchi                                                                                                                                                                                                                                                                                                        |                                           |                                                                                                                   |                                   |                                 |      |
| Invention: RECORDING/REPRODUCING DEVICE                                                                                                                                                                                                                                                                                               |                                           |                                                                                                                   |                                   |                                 |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                   |                                   |                                 |      |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.                                                                                                                                                                                           |                                           |                                                                                                                   |                                   |                                 |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                   |                                   |                                 |      |
|                                                                                                                                                                                                                                                                                                                                       | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid                                                                           | Number<br>Extra Claims<br>Present | Rate                            |      |
| Total Claims                                                                                                                                                                                                                                                                                                                          | 17                                        | - 20 =                                                                                                            |                                   | x                               |      |
| Independent<br>Claims                                                                                                                                                                                                                                                                                                                 | 4                                         | - 3 =                                                                                                             |                                   | x                               |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                                                                                                                                                              |                                           |                                                                                                                   |                                   |                                 |      |
| Other fee (please specify):                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |                                   |                                 |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                                                                                                                                                       |                                           |                                                                                                                   |                                   |                                 | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity                                                                                                                                                                                                                                                |                                           |                                                                                                                   |                                   |                                 |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                                                                                                                                                                 |                                           |                                                                                                                   |                                   |                                 |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                                                                                                                                                            |                                           |                                                                                                                   |                                   |                                 |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                                                                                                                                                                                                                       |                                           |                                                                                                                   |                                   |                                 |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |                                   |                                 |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u><br>as described below. A duplicate copy of this sheet is enclosed.                                                                                                                                      |                                           |                                                                                                                   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                                                                                                                                                           |                                           |                                                                                                                   |                                   |                                 |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                                                                                                                                                                  |                                           |                                                                                                                   |                                   |                                 |      |
| <br>Robert B. Cohen<br>Attorney/Agent Reg. No.: 32,768                                                                                                                                                                                             |                                           |                                                                                                                   |                                   | Dated: <u>February 15, 2006</u> |      |
| LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP<br>600 South Avenue West<br>Westfield, New Jersey 07090<br>(908) 518-6316                                                                                                                                                                                                          |                                           |                                                                                                                   |                                   |                                 |      |
| I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. |                                           |                                                                                                                   |                                   |                                 |      |
| Dated: February 15, 2006                                                                                                                                                                                                                                                                                                              |                                           | Signature:  (Robert B. Cohen) |                                   |                                 |      |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 15, 2006

Signature: \_\_\_\_\_

(Robert B. Cohen)

Docket No.: SONYJP 3.3-702  
(PATENT)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Takashi Kinouchi

Application No.: 09/674,106

Filed: December 26, 2000

For: RECORDING/REPRODUCING DEVICE

:  
:  
:  
:  
: Group Art Unit: 2653  
:  
: Examiner: Kim Kwok Chu  
:  
:  
:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. § 1.312

Dear Sir:

Further to the Notice of Allowance mailed January 24, 2006, in connection with the above-identified patent application, applicant respectfully requests that the following amendment be made to the application: